

# Dr. Faith Brown

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Dear Client:

Please be advised that our office is not a participant in any medical insurance plan. After your appointment, you will be given a completed insurance statement for you to file with your insurance carrier for reimbursement. Depending upon the type of coverage you have, your insurance carrier may or may not acknowledge the claim fully or at all.

We cannot be responsible for any partial and or denied reimbursement claims.

I fully understand the terms as described above.

NAME

(PRINT)

\_\_\_\_\_

CLIENT

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

1745 BROADWAY; SUITE 1792; NEW YORK, NEW YORK 10019

